

www.mass.gov/abcc

LICENSE NUMBER: 090800004		CITY OR TOWN NORTON	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: WHEATON COLL DOING BUSINESS A ADDRESS EAST MAIN ST.	EGE		
CITY/TOWN: NORTON	STATE: MA	ZIP CODE: 02766	
MANAGER: BRAGEL, JOHN J. TYP	E OF LICENSE: Rest	aurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREMIS CHASE ROUND, THE LOFT AND THE I hereby certify and swear under penalties 1. the renewed license will be of t 2. the licensee has complied with 3. the premises are now open for	ELLISON DANCE Sof perjury that: he same type for the sall laws of the Comm	STUDIO. came premises now licensed; conwealth relating to taxes; and	
SIGNED BY Individual, Partner	or Authorized Corpor	ate Officer	
DATE: TELEPHONI	E NUMBER:	EMPLOYER IDENTIFICA' (Note: NOT Individual Social S	
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	pector and the head	of the fire department for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE: APPLICATION FOR RENEWAL MUST BE FILED BY LI			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J9U8UUUU5		CITY OR TO	JWN NORTON	
APPLICATION FOR I	RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	LT. HAROLD	A. HEALY POST #22	2		
DOING BUSINESS A	AMERICAN	LEGION			
ADDRESS 85 EAST N	MAIN ST.				
CITY/TOWN: NORT	ON	STATE: MA	ZIP COD	DE: 02766	
MANAGER: GATES	S, KIM E.	TYPE OF LICENSE: \	/eterans club	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		
DESCRIPTION OF LI					
ONE BLDG. KNOWN FLOOR. ONE FRONT Outside patio					
I hereby certify and sw	ear under pena	ulties of perjury that:			
1. the renewed	license will be	e of the same type for the	he same premise	s now licensed;	
2. the licensee	has complied	with all laws of the Con	mmonwealth rela	ating to taxes; and	
3. the premises	s are now open	n for business (If not ex	plain below)		
SIGNED BY	Individual Day	rtner or Authorized Cor	morata Officar		
	marviduai, r ai	ther of Authorized Cor	porate Officer		
DATE:	TEI EDU	HONE NUMBER:	EMP	LOYER IDENTIFICAT	TION NUMBER
	TELEFT	IONE NUMBER.		OT Individual Social S	
Acts of 2004, signed l	y the building	e are in possession (1) g inspector and the he te of liquor liability in	ad of the fire d	epartment for the	above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)		-		
DATE:					
DITTU.					



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LICENSE NUMBER:	190800010		CI	IY OK IOW	N NORTON	
APPLICATION FOR F	RENEWAL:	Annu	al	LICI	ENSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME: NOTICE DOING BUSINESS A			TES, INC.			
ADDRESS 188 OAK S	STREET					
CITY/TOWN: NORT		STATE:	MA	ZIP CODE:	02766	
MANAGER: CARRO JEFFRI	OLL, TY	PE OF LICEN			CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF LI	CENSED PREMI	SES:				
PRO SHOP(ENTRANG (EXIT), MEN AND LA FUNCTION ROOM, S AND SECOND FLOO	ADIES LOCKER I MALL FUNCTION	ROOMS (EXI ON ROOM, EX	ΓS) ON TΗ ITS STAI	HE SECOND RWELLS, FO	FLOOR, MAI	N
I hereby certify and swe	ear under penalties	of perjury tha	t:			
1. the renewed	license will be of	the same type	for the san	ne premises n	ow licensed;	
2. the licensee	has complied with	all laws of the	Common	wealth relatin	g to taxes; and	
3. the premises	s are now open for	business (If no	ot explain l	pelow)		
SIGNED BY	Individual, Partner	or Authorized	l Corporate	e Officer		
DATE:	TELEPHON	E NUMBER:			YER IDENTIFICAT	
				(Note: NOT	Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed be named license and (2) of 2010.	y the building in	spector and th	ne head of	the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]			OCAL LICE By:	NSING AUTH	ORITY
TI F	,		-			
D. 1 1111			-			
DATE:						



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Annual	LICENSED FOR 20	013
CLASS		YEAR
, INCORPORATED		
E		
STATE: MA	ZIP CODE: 02766	
PE OF LICENSE: Rest	aurant CATEGORY:	Wine and Malt Regular
VEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
SES:		
HS AND TABLES AND NT, HANDICAP RAM	D A COUNTER THAT SEATS	6.3
s of perjury that:		
the same type for the s	ame premises now licensed;	
n all laws of the Comm	onwealth relating to taxes; and	
business (If not explain	n below)	
r or Authorized Corpor	ate Officer	
r or Authorized Corpor	ate Officer	
r or Authorized Corpor	EMPLOYER IDENTIFICAT	
·		
NE NUMBER: e in possession (1) the spector and the head	EMPLOYER IDENTIFICAT	er 304 of the above
NE NUMBER: e in possession (1) the spector and the head	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S certificate required by Chapt of the fire department for the	er 304 of the above of the Acts
NE NUMBER: e in possession (1) the spector and the head	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S certificate required by Chapt of the fire department for the ance required by Chapter 116	er 304 of the above of the Acts
NE NUMBER: e in possession (1) the spector and the head	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S certificate required by Chaptof the fire department for the ance required by Chapter 116 LOCAL LICENSING AUTHO	er 304 of the above of the Acts
NE NUMBER: e in possession (1) the spector and the head	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S certificate required by Chaptof the fire department for the ance required by Chapter 116 LOCAL LICENSING AUTHO	er 304 of the above of the Acts
NE NUMBER: e in possession (1) the spector and the head	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S certificate required by Chaptof the fire department for the ance required by Chapter 116 LOCAL LICENSING AUTHO	er 304 of the above of the Acts
	CLASS , INCORPORATED E STATE: MA PE OF LICENSE: Rest VEBSITE AND ENTER YOUR EMA SES: ND ONE REAR EXIT AND TABLES AND NT, HANDICAP RAM T. s of perjury that: If the same type for the she all laws of the Common	CLASS , INCORPORATED E STATE: MA ZIP CODE: 02766 PE OF LICENSE: Restaurant CATEGORY: VEBSITE AND ENTER YOUR EMAIL ADDRESS SES: ND ONE REAR EXIT AND ENT. DINING ROOM FILES AND TABLES AND A COUNTER THAT SEATS NT, HANDICAP RAMP IN REAR WITH PARKING, T.



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LICENSE NUMBER	R: 090800013		CITY	OR TOWN	NORTON	
APPLICATION FO	R RENEWAL:	Annual		LICENS	SED FOR 20	13
		CLASS	}			YEAR
LICENSEE NAME:	FILLMORE-NASON	POST #8049	V.F.W. OF	USA		
DOING BUSINESS	A					
ADDRESS 38 SUM	MER ST.					
CITY/TOWN: NO	RTON	STATE:	MA ZII	P CODE:	02766	
MANAGER: CAN T.	MERON, GARY TYPE	OF LICENSI	E: Veterans cl	lub CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YO	OUR EMAIL ADDI	RESS		•
	LICENSED PREMISES					
ONE FRONT DOO! FROM MAIN BLD	R AND TWO SIDE DO G	ORS, PAVIL	LION 24X40	6 DETACHE	ED APPROX	25'
I hereby certify and	swear under penalties of	perjury that:				
1. the renew	ved license will be of the	same type fo	or the same pr	remises now	licensed;	
2. the licens	see has complied with all	laws of the (Commonweal	lth relating to	taxes; and	
3. the premi	ises are now open for bu	siness (If not	explain belo	w)		
SIGNED BY	T 12 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			C.		
	Individual, Partner or	Authorizea C	Lorporate On	ncer		
DATE:				EMBLOVED	TO ENTITIES A TE	ION MILITER
DATE.	TELEPHONE N	NUMBER:	a		IDENTIFICATI ividual Social Se	
			`	III.	Tridum Social St	county i value of y
Acts of 2004, signe	d, attest that we are in d by the building inspe (2) the certificate of lig	ctor and the	head of the	fire departr	nent for the	above
Please Check Below:			LOC	AL LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	am)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 09080	0014	CITY OR TOWN NO	RTON
APPLICATION FOR RENE	WAL: Annual	LICENSED I	FOR 2013
	CLASS		YEAR
LICENSEE NAME: LAWI	RENCE P. FERRARA		
DOING BUSINESS A SPO	RTSMAN'S CAFE		
ADDRESS 13 SOUTH WO	RCESTER ST.		
CITY/TOWN: NORTON	STATE: MA	ZIP CODE: 027	766
MANAGER:	TYPE OF LICENSE:	Restaurant CATEG	ORY: All Alcohol
EMAIL ADDRESS:			
PLEASE AI	LSO VISIT OUR WEBSITE AND ENTER YOUR	E EMAIL ADDRESS	
DESCRIPTION OF LICENS	SED PREMISES:		
ON SECOND FLOOR, WID	NT; 1 FRONT DOOR, 2 REAI OTH 25'8", SIX WINDOWS, TV E ROOM ON SECOND FLOO DE DOOR	WO SKYLIGHTS, THREE	ROOMS ON
I hereby certify and swear un	der penalties of perjury that:		
1. the renewed licen	se will be of the same type for the	he same premises now licens	sed;
	omplied with all laws of the Cor	<u> </u>	s; and
3. the premises are r	now open for business (If not ex	plain below)	
SIGNED BY Indivi	dual, Partner or Authorized Cor	porate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDEN	TIFICATION NUMBER:
		(Note: NOT Individual	Social Security Number)
Acts of 2004, signed by the	that we are in possession (1) building inspector and the he certificate of liquor liability in	ad of the fire department	for the above
Please Check Below:		LOCAL LICENSING	AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER	R: 090800015		CITY OR TO	WN NORTON	
APPLICATION FOR	R RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	MICHAEL BAI	3ANIKAS			
DOING BUSINESS	A MIKE'S FAM	OUS PIZZA			
ADDRESS 105 TAU	JNTON AVE.				
CITY/TOWN: NOI	RTON	STATE: N	IA ZIP CODE	E: 02766	
	ANIKAS, T HAEL	TYPE OF LICENSE	::Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YO	UR EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREI	MISES:			
RESTAURANT ON ROOM APT. USED			MS, KITCHEN NO) CELLAR. UPS	TAIRS 6
I hereby certify and s	wear under penal	ties of perjury that:			
1. the renew	ed license will be	of the same type for	the same premises	now licensed;	
2. the license	ee has complied w	vith all laws of the C	commonwealth relati	ing to taxes; and	
3. the premi	ses are now open	for business (If not	explain below)		
SIGNED BY					
	Individual, Part	ner or Authorized C	orporate Officer		
DATE:					
DATE.	TELEPHO	ONE NUMBER:		OYER IDENTIFICAT f T Individual Social S	
			` <u>-</u>	_	
We the undersigned Acts of 2004, signed named license and	d by the building	inspector and the	head of the fire dej	partment for the	above
of 2010.					
Please Check Below: APPROVED:				ENSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved expla	nin)				
-					
DATE:					



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LICENSE NUMBI	EK: 090800016	C	TIY OR TOWN NORTO	JIN
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NAME DOING BUSINES ADDRESS 30 WE		, INC.		
CITY/TOWN: NO	ORTON	STATE: MA	ZIP CODE: 02766	
MANAGER: WI A.	LKE, ROBERT TYI	PE OF LICENSE: Resta	urant CATEGOR	Y: All Alcohol
EMAIL ADDRESS		EBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION O	F LICENSED PREMIS	SES:		
SOUTHERLY SID	DE OF WEST MAIN S TS LOCATED ON TH	T. CONTAINING 4 RO	00 SQ. FT. SITUATED ON DOMS AND 2 RESTROOM NT, SOUTHERLY REAR	MS WITH
I hereby certify and	l swear under penalties	of perjury that:		
1. the rene	wed license will be of	the same type for the sa	me premises now licensed;	
2. the licer	nsee has complied with	all laws of the Commo	nwealth relating to taxes; as	nd
3. the pren	nises are now open for	business (If not explain	below)	
SIGNED BY	Individual, Partner	or Authorized Corpora	te Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION OF A STATE OF A STAT	
			(Note: <u>NOT</u> Individual Soc	ial Security Number)
Acts of 2004, sign	ed by the building ins	spector and the head o	ertificate required by Chart for need to chart for need required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:]		By:	
DISAPPROVED:				
(If disapproved exp	olain)			
DATE:				
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LICENSE NUMB	ER: 090800019		CITY OR TOWN	NORTON
APPLICATION F	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: BKBM, INCORPOR	RATED		
DOING BUSINES	SS A DOWNTOWN CA	AFÉ		
ADDRESS 292 W	VEST MAIN ST.			
CITY/TOWN: N	IORTON	STATE: MA	ZIP CODE:	02766
	eVINCENT, TYPI EVIN J.	E OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION C	OF LICENSED PREMISI	ES:		
ONE STORY BL	DG. WITH FOUR ENTF ING 130 X 70.	RANCES AND FO	JR EXITS, PATIO	AND FENCED IN
I hereby certify an	nd swear under penalties of	of perjury that:		
1. the ren	newed license will be of the	ne same type for the	same premises now	licensed;
2. the lice	ensee has complied with a	all laws of the Com	nonwealth relating to	o taxes; and
3. the pre	emises are now open for b	ousiness (If not expl	ain below)	
SIGNED BY				
	Individual, Partner of	or Authorized Corp	orate Officer	
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Ind	lividual Social Security Number)
Acts of 2004, sig	ned by the building insp	pector and the hea	d of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			Ву:	
DISAPPROVED:	·			
(If disapproved ex	tplain)			
DATE:				
<i>ν</i> . 11 <i>ν</i> .				



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ON PREMISES LICENSE RENEWAL APPLICATION

(CITY OR TOWN NORTON
Annual	LICENSED FOR 2013
CLASS	YEAR
ORPORATION	
CAFÉ	
STATE: MA	ZIP CODE: 02766
PE OF LICENSE: Resta	nurant CATEGORY: All Alcohol
EBSITE AND ENTER YOUR EMA	IL ADDRESS
	ENT. FOR EMPLOYEES ONLY. TOTAL OF 4600 SQ FT FOR
s of perjury that:	
the same type for the sa	ame premises now licensed;
	onwealth relating to taxes; and
business (If not explain	n below)
r or Authorized Corpora	ate Officer
IE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
spector and the head	certificate required by Chapter 304 of the of the fire department for the above nnce required by Chapter 116 of the Acts
	LOCAL LICENSING AUTHORITY
	By:
	Annual CLASS CORPORATION CAFÉ STATE: MA PE OF LICENSE: Resta TEBSITE AND ENTER YOUR EMA SES: EXITS; BACK EXIT/E OX 2000 SQ FT OF A' s of perjury that: The same type for the



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090800023		CITY OR TOWN NORTO	ON		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	LICENSED FOR 2013		
	CLASS		YEAR		
LICENSEE NAME: NEHA CORP.					
DOING BUSINESS A QUICK STO)P				
ADDRESS 250 E MAIN ST					
CITY/TOWN: NORTON	STATE: MA	ZIP CODE: 02766			
MANAGER: PATEL, RAMANBHATI K.	TYPE OF LICENSE: Pac	kage Store CATEGOR	Y: Wine and Malt Regular		
EMAIL ADDRESS:					
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS			
DESCRIPTION OF LICENSED PRI	EMISES:				
250 EAST MAIN STREET, NORTO OVERHEAD ROLL DOWN DOOR SQ FT					
I hereby certify and swear under pena	alties of perjury that:				
1. the renewed license will b	- · ·	same premises now licensed;			
2. the licensee has complied	with all laws of the Comm	nonwealth relating to taxes; an	nd		
3. the premises are now open	n for business (If not expla	in below)			
SIGNED BY		0.00			
Individual, Pa	rtner or Authorized Corpo	rate Officer			
DATE					
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Soci			
		(1000. 1101 marvidua 500.	iai Security (vumber)		
Please Check Below:		LOCAL LICENSING AUT	ΓHORITY		
APPROVED:		By:			
DISAPPROVED:					
(If disapproved explain)					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	090800024		CITY OR TOWN	NORTON	
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 2013	3
		CLASS		YI	EAR
LICENSEE NAME:	NORTON LIQUORS,	INC			
DOING BUSINESS A					
ADDRESS 92 MANS	FIELD AVE.				
CITY/TOWN: NORT	ΓΟΝ	STATE: MA	ZIP CODE:	02766	
MANAGER: MUI, I	DEREK TYPE	OF LICENSE: Pac	kage Store CA	ATEGORY: A	All Alcohol
EMAIL ADDRESS:					
	LEASE ALSO VISIT OUR WEBSI		MAIL ADDRESS		
DESCRIPTION OF L					
FIRST FLOOR OF A FRONT DOORS; SID				FOR STORAG	E. 2
2. the licensee	rear under penalties of d license will be of the e has complied with all es are now open for bus	same type for the laws of the Comm	nonwealth relating to		
SIGNED BY	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEDHONE N	нимого.	EMPLOYER	IDENTIFICATIO	N NIIMBER:
	TELEPHONE N	NUMBEK:		ividual Social Secu	
Please Check Below: APPROVED: DISAPPROVED:	٦		LOCAL LICENS By:	ING AUTHOR	ITY
(If disapproved explain	n)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	090800028		CITY OR TOWN	NORTON	
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 194 S WO	A BARROWSVILLE STA	TION			
CITY/TOWN: NOR	TON ST	ATE: MA	ZIP CODE:	02766	
MANAGER: DiBar J.	tolo, Elizabeth TYPE OF	LICENSE: Pac	kage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISES:				
40X70 BASEMENT	FRONT AND REAR EXT WITH BULKHEAD EXIT OR. 2 RESTROOMS (PRI	ON SIDE OF	BLDG. DISPLA	Y AREA FOR	
2. the license	d license will be of the san e has complied with all law es are now open for busine	vs of the Comm	nonwealth relating		
SIGNED BY	Individual, Partner or Aut	horized Corpo	rate Officer		
DATE:	TELEPHONE NUM	ИВЕR:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 090800029		CITY OR TOWN	NORTON	
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	RBSBW, INC.				
DOING BUSINESS	A ROCHE BROS.	SUPERMARKETS			
ADDRESS 175 MA	NSFIELD AVE.				
CITY/TOWN: NO	RTON	STATE: MA	ZIP CODE:	02766	
MANAGER: ROC E. JE		PE OF LICENSE:P	ackage Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
175 MANSFIELD A ENTRANCE 78 FEI OF BLDG					
I hereby certify and	swear under penalties	s of perjury that:			
•	ved license will be of		e same premises no	w licensed;	
	ee has complied with		=		
3. the premi	ses are now open for	business (If not exp	plain below)		
SIGNED BY					
	Individual, Partner	r or Authorized Cor	porate Officer		
DATE:	TELEPHON	IE NUMBER:	EMPLOYE	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT I	ndividual Social S	Security Number)
Please Check Below:			LOGAL LIGHT	ran va i vimivi	OD MEN
APPROVED:			LOCAL LICEN	ISING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved expl	ain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 090800030		CITY OR TOWN NORTON	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NA DOING BUSIN ADDRESS 50		VINE INC.		
CITY/TOWN:	NORTON	STATE: MA	ZIP CODE: 02766	
MANAGER:	FINCH JR., BRUCE TYPER.	PE OF LICENSE: Pac	kage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	_
	N OF LICENSED PREMIS			
	ONE ROOM AND NO CI and swear under penalties		exit, rear interior exit to commo	on hallway.
	premises are now open for			
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA' (Note: <u>NOT</u> Individual Social S	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	ORITY
DATE:				



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LICENSE NUMBER:	090800032	•	CITY OR TOWN	NORTON	
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	PRODUCE BARN INCOR . PRODUCE BARN	PORATED			
ADDRESS 72 MANS	FIELD AVE				
CITY/TOWN: NORT	TON STA	TE: MA	ZIP CODE:	02766	
MANAGER: FERN. C.	ANDES, JILL TYPE OF L	ICENSE: Pack	tage Store (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMA	AIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISES:				
FRONT ENTRANCE USED FOR PRODUC	ONE ROOM FOR OFFICE S AND ONE REAR EXIT A E MARKET AND THE OT S AND PACKAGE STORE	AND ONE SI	DE EXIT. ONE S	STORY BLDG	6. 1/2
 the renewed the licensed 	rear under penalties of perjudicense will be of the same has complied with all laws are now open for business	type for the s	onwealth relating		
SIGNED BY	Individual, Partner or Auth	orized Corpor	ate Officer		
DATE:	TELEPHONE NUM	BER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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LICENSE NUMBER	₹: 090800034		CITY OR T	ΓOWN	NORTON	
APPLICATION FOR	R RENEWAL:	Annual		LICENS	SED FOR 20	13
		CLASS			,	YEAR
LICENSEE NAME:	TSANG'S, INC.					
DOING BUSINESS	A TSANG'S RESTAU	JRANT				
ADDRESS 113 MA	NSFIELD AVE.					
CITY/TOWN: NO	RTON	STATE: N	IA ZIP CO	DDE:	02766	
MANAGER: TSA	NG, WAYNE TYPE	OF LICENSE	:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YO	UR EMAIL ADDRESS			
2 DINING RMS, 1 TOTAL AREA ABO	LICENSED PREMISE KITCHEN, 2 RESTRO OVE 2950 SQ. FT. M A RM. SIDE EXIT & 1 K	OOMS, HAND IN DINING R	M. ENTRANCE	E EXIT	AT FRONT (OF
I hereby certify and s	swear under penalties of	f perjury that:				
1. the renew	ed license will be of the	e same type for	the same premis	ses now	licensed;	
	ee has complied with al			elating to	taxes; and	
3. the premi	ses are now open for bu	isiness (If not e	explain below)			
SIGNED BY	Individual, Partner or	· Authorized C	orporate Officer			
DATE:	TELEPHONE	NUMBER:				ION NUMBER:
Acts of 2004, signed	d, attest that we are in d by the building inspo (2) the certificate of li	ector and the	head of the fire	departn	nent for the	above
Please Check Below:			LOCAL I	LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expla	1111)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:090800036	(CITY OR TOWN	NORTON
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	TIMOTHY G. MCC	CARTHY		
DOING BUSINESS	A ALBERTO'S			
ADDRESS 241 MAN	NSFIELD AVENUE			
CITY/TOWN: NOR	TON	STATE: MA	ZIP CODE:	02766
	ARTHY, TYP OTHY G.	PE OF LICENSE: Resta	nurant CA	TEGORY: All Alcohol
EMAIL ADDRESS:				
]	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF I				
	EXITS, ENTRANCI	Q. FT. WITH OUTSI ES, MEN'S ROOM, LA		*
I hereby certify and s	wear under penalties	of perjury that:		
1. the renewe	ed license will be of t	the same type for the same	ame premises now l	icensed;
2. the license	ee has complied with	all laws of the Commo	onwealth relating to	taxes; and
3. the premis	ses are now open for	business (If not explain	n below)	
SIGNED BY	Individual, Partner	or Authorized Corpora	ate Officer	
DATE:	TELEPHONI	E NUMBER:	EMPLOYER :	IDENTIFICATION NUMBER:
			(Note: NOT Indi	vidual Social Security Number)
Acts of 2004, signed	by the building ins	pector and the head	of the fire departm	d by Chapter 304 of the nent for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENSI	NG AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	III <i>)</i>			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090800037	(CITY OR TOWN NORTON	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: FARNEY BROTH	ERS,INCORPORATE	D	
DOING BUSINESS A TRINITY BAR &	GRILL		
ADDRESS 184 WEST MAIN ST			
CITY/TOWN: NORTON	STATE: MA	ZIP CODE: 02766	
MANAGER: O'REILLY,TERENCTYP E	E OF LICENSE: Resta	nurant CATEGORY: All Alco	hol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	ES:		
DINING, BAR, KITCHEN, OFFICE, STO WALK-IN FREEZER. 2 FRONT ENTRA EXITS. INCLUDING OUTDOOR PATIO	NCES AND ADDITION		
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of t	he same type for the sa	ame premises now licensed;	
2. the licensee has complied with		•	
3. the premises are now open for l	business (If not explain	n below)	
SIGNED BY Individual, Partner	or Authorized Corpora	ate Officer	
DATE: TELEPHONI	E NUMBER:	EMPLOYER IDENTIFICATION NUMB	ER:
12221101		(Note: NOT Individual Social Security Num	ber)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	pector and the head o	of the fire department for the above	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 09080003	38	CITY OR TOWN NOR	RTON
APPLICATION FOR RENEWA	AL: Annual	LICENSED F	OR 2013
	CLASS		YEAR
LICENSEE NAME: JOHN H.	DRANE		
DOING BUSINESS A CHART	TLEY BEER & WINE		
ADDRESS 325 WEST MAIN S	STREET		
CITY/TOWN: NORTON	STATE: MA	ZIP CODE: 027	66
MANAGER:	TYPE OF LICENSE: Pa	ckage Store CATEG	ORY: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED 2400 SQ FT (40X60) INCLUD REAR DOORS, 2 RESTROOM FT; OFFICE SPACE IS 8X8, F FT SALES AREA I hereby certify and swear under 1. the renewed licenses 2. the licensee has comp	DES; 2 STOREFRONT DOOR IS, REFRIGERATOR UNIT, IRE ALARM SYSTEM WIR	RS AND 2 LARGE STEEL 336 SQ FT STORAGE RO ED TO FIRE DEPT. APPR e same premises now licens monwealth relating to taxes	OOM; 452 SQ OX 1476 SQ ed;
SIGNED BY Individua	al, Partner or Authorized Corp	orate Officer	
DATE: TE	LEPHONE NUMBER:		TIFICATION NUMBER: Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING A By:	AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 090800039		CITY OR TOWN	NORTON	
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 181 WES	A SUN MARKET	C.			
CITY/TOWN: NOR		CTATE. MA	ZID CODE	00766	
		STATE: MA	ZIP CODE:	02766	
MANAGER: PATE	EL, AMRISH TY	PE OF LICENSE: Pa	ckage Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF I					
STORE SIZE 1600 S DOOR; ONE MAIN 1 DOOR COOLER.T DAIRY.ONE WALK	ENTRANCE OF A COOL	NE FOUR DOOR CO LERS MAINLY USE	OOLER; TWO 2 D USED FOR SODA	OOR COOLE	RS; ONE
2. the license	e has complied with	the same type for the n all laws of the Comi business (If not expl	nonwealth relating		
SIGNED BY	Individual, Partne	r or Authorized Corpo	orate Officer		
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:			-		



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LICENSE NUMBER: 090800040		CITY OR TOWN	NORTON	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: ZHENG'S INTERNAT DOING BUSINESS A GREATWOODS MA				
ADDRESS 175 MANSFIELD AVE				
CITY/TOWN: NORTON	STATE: MA	ZIP CODE:	02766	
MANAGER: LI, SHUN FENG TYPE	OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSI		IAIL ADDRESS		
TWO ENTRY/EGRESS DOORS AT FROM PREMISES, AT BOTH REAR CORNERS C	T OF PREMISES.	TWO FIRE EXIT	S AT REAR	OF
the renewed license will be of the the licensee has complied with all the premises are now open for buses SIGNED BY	laws of the Commisiness (If not expla	nonwealth relating to in below)		
Individual, Partner or	Authorized Corpor	rate Officer		
DATE: TELEPHONE N	IUMBER:		R IDENTIFICATI	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspect named license and (2) the certificate of liq of 2010.	ctor and the head	of the fire departi	ed by Chapte ment for the	er 304 of the above
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED: DISAPPROVED: (If disapproved explain)		By:		
DATE:				



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LICENSE NU	MBEK: 090800041		CITY OR TOWN	NORTON
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	ED FOR 2013
		CLASS		YEAR
LICENSEE N. DOING BUSI	AME: CITY OASIS NESS A	, INCORPORATED		
ADDRESS 50	PLEASANT ST			
CITY/TOWN:	: NORTON	STATE: MA	ZIP CODE:	02766
MANAGER:	CLARKE, MICHAEL E.	TYPE OF LICENSE: Res	taurant CA'	TEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
DOORS.REST ONE RECTAN	TROOMS. FRONT IS NGULAR BAR SUNI	FIRST FLOOR ENTRANCE THE MAIN ENTRANCE KEN IN THE FLOOR. BAI ORTH WALL AND ONE	WITH TWO SMAL R SEATS APPROX	L OFFICES AND 25 PATRONS. 2
I hereby certify	y and swear under pen	alties of perjury that:		
1. the	renewed license will l	be of the same type for the	same premises now li	icensed;
2. the	licensee has complied	with all laws of the Comm	onwealth relating to	taxes; and
3. the	premises are now ope	n for business (If not expla	in below)	
SIGNED BY	Individual, Pa	artner or Authorized Corpo	rate Officer	
DATE:		WONE I W. P. CO. CO.	EMBLOVED I	DENTIFICATION NUMBER:
DITTE.	TELEP	HONE NUMBER:		vidual Social Security Number)
				Tunai Social Socially Transcery
Acts of 2004,	signed by the building	e are in possession (1) the ng inspector and the head ite of liquor liability insur	of the fire departm	ent for the above
Please Check Belo	ow:		LOCAL LICENSII	NG AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)			
DATE:				
שמום.				



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ON PREMISES LICENSE RENEWAL APPLICATION

		TY OR TOWN NORTON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: EMMA'S ENTERPR	RISES, INC	
DOING BUSINESS A EMMA'S PUB & P	PIZZA	
ADDRESS 130 MANSFIELD AVENUE		
CITY/TOWN: NORTON	STATE: MA	ZIP CODE: 02766
MANAGER: MARC DAVID, TYPE EMMA	E OF LICENSE: Restaur	rant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EMAIL	ADDRESS
DESCRIPTION OF LICENSED PREMISE	ES:	
SINGLE STORY 2740 SQ FT INTERIOR LOUNGE, BAR, DINING AREA, ENTRA OFF BACK DINING AREA. EXIT AT BA	NCES AND EXITS LO	OCATED AT FRONT DOOR. EXIT
I hereby certify and swear under penalties of	of perjury that:	
1. the renewed license will be of th	e same type for the same	ne premises now licensed;
2. the licensee has complied with a		•
3. the premises are now open for b	usiness (If not explain b	pelow)
SIGNED BY Individual, Partner o	r Authorized Corporate	Officer
	·	
DATE: TELEPHONE	NI IMBER:	EMPLOYER IDENTIFICATION NUMBER:
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of license and (2) the certificate and (2) the certificate of license and (2) the certificate and (2) the certifica	n possession (1) the ce ector and the head of	(Note: NOT Individual Social Security Number) rtificate required by Chapter 304 of the the fire department for the above
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li	n possession (1) the centector and the head of iquor liability insurance	(Note: NOT Individual Social Security Number) rtificate required by Chapter 304 of the the fire department for the above
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED:	n possession (1) the celector and the head of iquor liability insurand	(Note: NOT Individual Social Security Number) rtificate required by Chapter 304 of the the fire department for the above ce required by Chapter 116 of the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED: DISAPPROVED:	n possession (1) the celector and the head of iquor liability insurand	(Note: NOT Individual Social Security Number) rtificate required by Chapter 304 of the the fire department for the above ce required by Chapter 116 of the Acts OCAL LICENSING AUTHORITY
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED:	n possession (1) the celector and the head of iquor liability insurand	(Note: NOT Individual Social Security Number) rtificate required by Chapter 304 of the the fire department for the above ce required by Chapter 116 of the Acts OCAL LICENSING AUTHORITY
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED: DISAPPROVED:	n possession (1) the celector and the head of iquor liability insurand	(Note: NOT Individual Social Security Number) rtificate required by Chapter 304 of the the fire department for the above ce required by Chapter 116 of the Acts OCAL LICENSING AUTHORITY



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090800044		CITY OR TOWN	NORTON
APPLICATION FOR RENEWAL:	Annual	LICENS	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: Cozy Corporation	n		
DOING BUSINESS A COZY BEER A	AND WINE		
ADDRESS 411 OLD COLONY RD			
CITY/TOWN: NORTON	STATE: MA	ZIP CODE:	02766
MANAGER: PATEL, MRUGA T	YPE OF LICENSE: Paci	cage Store CA	TEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM	IISES:		
SINGLE STORY BUILDING CONTA AND ONE FIRE EXIT IN REAR, ON		SF. ONE MAIN EN	TRANCE DOOR
 the renewed license will be of the licensee has complied with the premises are now open for 	ith all laws of the Comm	onwealth relating to	
SIGNED BY Individual, Partn	er or Authorized Corpor	rate Officer	
DATE: TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSI	NG AUTHORITY
DATE:			



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LICENSE NUMBER: ()90800046		CITY	OR TOWN NORTO)N
APPLICATION FOR F	RENEWAL:	Annual		LICENSED FOR	2013
		CLASS			YEAR
	ΓOURNAMENT PLAYE WOODS	RS CLUB OF	BOST	ON AT GREAT	
DOING BUSINESS A					
ADDRESS 400 ARNO	DLD PALMER BOULEV	ARD			
CITY/TOWN: NORT	ON ST	ATE: MA	ZI	P CODE: 02766	
MANAGER: WILLIA BRADI		LICENSE: Rest	aurant	CATEGOR	Y: All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EM.	AIL ADDI	RESS	
DESCRIPTION OF LI	CENSED PREMISES:				
GRILLE ROOM.LOCK AND SHALL NOT IN	H CONTAINS OFFICES, KER ROOMS, RESTROO CLUDE AREA DELINE OLF CARTS AND 300 S	OMS AND KIT ATED AS THE	CHENE GOL	N AND STORAGE FA F COURSE, INCLUD	CILILTIES
I hereby certify and swe	ear under penalties of per	jury that:			
1. the renewed	license will be of the san	ne type for the s	same p	remises now licensed;	
2. the licensee	has complied with all law	s of the Comm	onwea	lth relating to taxes; ar	nd
3. the premises	s are now open for busine	ss (If not explai	in belo	w)	
SIGNED BY	Individual, Partner or Aut	horized Corpor	rate Of	ficer	
DATE:	TELEPHONE NUM	MBER:	(1)	EMPLOYER IDENTIFIC Note: <u>NOT</u> Individual Soci	
Acts of 2004, signed b	attest that we are in pos by the building inspector the certificate of liquor	and the head	of the	fire department for t	the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOC By:	CAL LICENSING AUT	THORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0908	00051	CITY OR TOWN NORTO	DN
APPLICATION FOR REN	EWAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: THE	CHATEAU RESTAURANT O	F NORTON,INC.	
DOING BUSINESS A TH	E CHATEAU RESTAURANT		
ADDRESS 48 BAY ROAD)		
CITY/TOWN: NORTON	STATE: M	A ZIP CODE: 02766	
MANAGER: POHOLEK	, NANCYTYPE OF LICENSE:	Restaurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE A	ALSO VISIT OUR WEBSITE AND ENTER YOU	IR EMAIL ADDRESS	
DESCRIPTION OF LICEN			
cocktail reception room, ma	in kitchen, employees bathroom	ge, main dining room, function has, liquor storage, dry food storage om entrance, dining lounge entrance.	e, walk in
I hereby certify and swear u	nder penalties of perjury that:		
	• •	the same premises now licensed;	
	•	ommonwealth relating to taxes; ar	ıd
3. the premises are	now open for business (If not ex	xpiain below)	
SIGNED BY			
	vidual, Partner or Authorized Co	orporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
		(Note: NOT Individual Soci	al Security Number)
Acts of 2004, signed by th	e building inspector and the h	the certificate required by Chaead of the fire department for tonsurance required by Chapter 1	the above
Please Check Below:		LOCAL LICENSING AUT	THORITY
APPROVED:		By:	
OISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NU	MBER: 090800052	,	CITY OR TOWN NORTON	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
DOING BUSI		nc		
	1B Old Colony Rd			
CITY/TOWN:	NORTON	STATE: MA	ZIP CODE: 02766	
MANAGER:	Lambropoulos, DianeTYPI	E OF LICENSE: Rest	aurant CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
DESCRIPTIO	PLEASE ALSO VISIT OUR WEE		AIL ADDRESS	_
	prox 1100 sq ft, 2 rooms, on used as kitchen area, approx		ea with 50 seats approx 700 sq om	ft. The
1. the 2. the		ne same type for the sall laws of the Comme	name premises now licensed; onwealth relating to taxes; and n below)	
SIGNED BY	Individual, Partner o	or Authorized Corpor	rate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the building insp	pector and the head	certificate required by Chap of the fire department for the ance required by Chapter 11	e above
Please Check Beld APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUTH By:	ORITY
DATE:			-	
APPLICATION FOR	R RENEWAL MUST BE FILED BY LIC	ENSEES DURING THE MO	NTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	16A)



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LICENSE NUM	BER: 090800054		CITY OR TOWN	NORTON	
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		,	YEAR
DOING BUSINI	ME: JJIP ENTERPRISES ESS A OLD COLONY CA				
	OLD COLONY ROAD				
CITY/TOWN:	NORTON	STATE: MA	ZIP CODE:	02766	
MANAGER: I	RVING,JASON J. TYPI	E OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OUR WEB	BSITE AND ENTER YOUR EN	MAIL ADDRESS		
FOUNTAIN AR DECK WITH TA EXITS, RESTRO	OF LICENSED PREMISI EA, ONE LEVEL RESTA ABLESONE BAR, LOE OOMS NEAR BAR AREA	AURANT WITH M. BBY, KITCHEN, STA			
•	and swear under penalties of				
	enewed license will be of the	• 1	1		
	censee has complied with a remises are now open for b		_	o taxes; and	
3. the pr	ternises are now open for t	usiness (II not expla	ani below)		
SIGNED BY	Individual, Partner o	or Authorized Corpo	orate Officer		
	·	·			
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICATI	
Acts of 2004, si	igned, attest that we are i gned by the building insp and (2) the certificate of l	pector and the head	l of the fire departi	ment for the	above
Please Check Below APPROVED:	<u>".</u>		LOCAL LICENS	SING AUTHO	ORITY
DISAPPROVED.	 D:		By:		
(If disapproved e					
DATE:					



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LICENSE NUMB	ER: 090800055		CITY OR TOWN	NORTON	
APPLICATION F	OR RENEWAL:	Annual	LICEN	ISED FOR 2013	
		CLASS		YEAR	
LICENSEE NAM	E: SABATINO'S	TRATTORIA INC.			
DOING BUSINES	SS A SABATINO	TRATTORIA			
ADDRESS 111 W	EST MAIN STRE	ET			
CITY/TOWN: N	ORTON	STATE: MA	ZIP CODE:	02766	
	ERRARA, ORENTINA	TYPE OF LICENSE: Re	estaurant C	ATEGORY: All Ald	cohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS		
	F LICENSED PRE	EMISES: 4200 SQ FT W ONE FR			
BATHROOMS SQ FT. FOR BAT COOKING & FOO	Q FT. BREAKDO' HS: 84 SQ FTO OD STORAGE	NG EAST, WOMAN'S B WN AS FOLLOWS:7 FFICE SPACE; 768 SQ.	30 SQ FT FOR DIN	ING & SEATING: 36	
•	•	alties of perjury that:		1' 1	
		e of the same type for the	-		
	•	with all laws of the Com n for business (If not exp	_	to taxes, and	
		- 1-01 0 0 0 1 1 1 1 0 1 0 1 p			
SIGNED BY	Individual, Pa	rtner or Authorized Corp	orate Officer		
DATE:	TEI EDI	HONE NUMBER:	EMPLOYE	R IDENTIFICATION NUM	MBER:
	TELEFT	IONE NOWIDER.		dividual Social Security Nu	
Acts of 2004, sign	ned by the buildin	e are in possession (1) the g inspector and the heate of liquor liability inst	d of the fire depart	ment for the above	
Please Check Below:			LOCAL LICEN	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	plain)				_
					_
DATE:					



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LICENSE NUMBER: 090	0800056	Cl	ITY OR TOWN	NORTON	
APPLICATION FOR RE		Annual CLASS	LICENS	SED FOR 20	13 YEAR
LICENSEE NAME: TE DOING BUSINESS A F		ΓAURANT			
ADDRESS 175 MANSFI	ELD AVENUE				
CITY/TOWN: NORTO	N STA	TE: MA	ZIP CODE:	02766	
MANAGER: RAMIREZ EFRAIN	Z JR., TYPE OF LI	CENSE: Restau	ırant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	E ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMAIL	L ADDRESS		
DESCRIPTION OF LICE					
single floor space in Roch door exits. 3 bathrooms, o				doors and two	rear
2. the licensee ha	cense will be of the same s complied with all laws re now open for business	type for the sar of the Common	nwealth relating to		
SIGNED BY	lividual, Partner or Autho	orized Corporat	e Officer		
DATE:	TELEPHONE NUMI	BER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER:
We the undersigned, att Acts of 2004, signed by named license and (2) th of 2010.	the building inspector a	and the head of	the fire departn	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS	ING AUTHO	ORITY
DATE:					



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LICENSE NUMBER:)90800057		CITY OR T	OWN NORTON	
APPLICATION FOR F	RENEWAL:	Annual		LICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: N	MCMAHON'S COU	NTRYSIDE GR	ILLE, LLC		
DOING BUSINESS A					
ADDRESS 336 OLD C	COLONY ROAD				
CITY/TOWN: NORT	ON	STATE: MA	ZIP CO	DE: 02766	
MANAGER: MCMA KARYI		E OF LICENSE: F	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISE	ES:			
ONE-STORY DINING MAIN DOOR AND ON USED FOR STORAGE	NE IN KITCHEN A	ND ONE AS A I	REAR DOOR.		
I hereby certify and swe	ear under penalties o	of perjury that:			
1. the renewed	license will be of th	e same type for the	he same premis	es now licensed;	
2. the licensee	has complied with a	ll laws of the Co	mmonwealth re	lating to taxes; and	
3. the premises	s are now open for b	usiness (If not ex	plain below)		
SIGNED BY					
]	Individual, Partner o	r Authorized Cor	porate Officer		
DATE:	TELEPHONE	NUMBER:		PLOYER IDENTIFICAT	
			(Note: <u>l</u>	NOT Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed be named license and (2)	y the building insp	ector and the he	ad of the fire	department for the	above
of 2010.			_		
Please Check Below:			LOCAL L	ICENSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain)				
DATE:					